

FEE TRANSMITTAL

<i>Complete if known</i>	
Application Number:	10/645,913
Filing Date:	August 21, 2003
First Named Inventor:	Grunstein, et al.
Group Art Unit:	1644
Examiner Name:	Michael E. Szperka
Total Amt. of Payment: (1)+(2)+(3)=	\$750
	Attorney Docket Number: CHOP.0050CON

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within third month 525 Notice of Appeal 255 Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned appl. _____ Petition to revive unintentionally abandoned appl. _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) _____																					
2. Payment enclosed: Check in the amount of _____		FEE CALCULATION Fee Description Fee Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ SUBTOTAL (1) <u>\$0</u>																					
2. Claims <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%; text-align: center;">Paid</th> <th style="width: 15%; text-align: center;">Extra</th> <th style="width: 15%; text-align: center;">Fee</th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>= 0</td> <td>x</td> <td>= 0</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>= 0</td> <td>x</td> <td>= 0</td> <td></td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Paid	Extra	Fee		Total Claims	= 0	x	= 0		Independent Claims	= 0	x	= 0		Multiple Dependent (First presentation)					SUBTOTAL (2) <u>\$0</u>	
	Paid	Extra	Fee																				
Total Claims	= 0	x	= 0																				
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Multiple Dependent (First presentation)																							

Submitted By:

Printed Name Kathleen D. Rigaut, Ph.D.

Reg. Number 43,047

Signature Kathleen D. Rigaut

Date October 15, 2007

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04-1406